Medication Log

(Mannheim Confinement Facility)

MEDICATION LOC INMATES NAME NEDICATION MEDICATION At 15 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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AST. NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT ORGANIZATION AND STATION
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This was an Emergency The grave I had A Seve reaction to Signature of MEDICAL OFFICER SIGNATURE SIGNATURE
Thes was an Emergent Le envire I hod A Seve reaction to Signature of MEDICAL OFFICER SIGNATURE BROADNELL IDITIONS ARE OBSOLETE. CPT, MC, 6
This was an Emergency The grave I had A Seve reaction to Signature of MEDICAL OFFICER SIGNATURE SIGNATURE

MEDICATION LOG DOSAGE DOCTOR'S NAME DATE ISSUED OTY VERIFIED BY INMATES INIT DATE TIME DOSE BALANCE ISSUED BY RECEIVED 98104 0060 REVENTOR Y 981016 Move 1 BTL INVENTORY/ 581016 1400 1 BTL INVENTORY/ 981016 3100 2KEB INVENTORY/ 987016 22/0 INVENTORY/ 1810160 10600 INVENTORY 981017 1400 INV VENTORY 931017 ENotice the 2100 IVENTORY/ 2200 VENTORYA 931018 0600 VENTOR Y 581018 1745 10 crease VENTORY 981018 2100 VENTORY/ 981019 0600 VENTORY, 981019 1754 VENTORY 981019 2100 VENTORY/ 98/020 0720 INVENTORY 981020 1800 WEGG ENVENTORY/ 181020 2100 webb INVENTORY/ Part S(1. 981021 55 854 Wall INVENTORY/ ENVENTORY/ INVENTORY NVENTORY S Elavil

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ARMAN, KURTU INMATE'S NAME

MEDICATION LOG

AMITRIPHTUNE 25 MG

MEDICATION

4 at betime DOSAGE

DOCTO	R'S NAME	DA	TE ISSUED	QTY VERIFIE	D BY INN	ATES INI
DATE	TIME	DOSE	BALANCE	ISSUED BY		RECEIVED B
951022	1800	12	51	Webb	INVENTORY	
981022	2100	1	47	Webb	INVENTORY	· KA.
981023	0600		47	Stede	INVENTORX/	
981023	210	-4-	43	BORRY	INVENTORY/	KA.
981023	7200		43	4600	INVENTORY	
951024	alal.		43	M	INVENTORY	
<u>981024</u>	1423	±	43	Borrello	(INVENTORY))
981024	9100	_4_	39	74-0	INVENTORY	_KA
981024	2200		39	Frink	(INVENTORY)	
981025	tlet)	<u> </u>	39	JOHNSON.	INVENTORY)
9005	1400		39	BH	INVENTORYA	
981025	2040	-4	35	of	INVENTORY/~	KA
981025	2200		35	84	(INVENTORY)	
95/02s	Capo		35	fore-	INVENTORY/	
48/026	2016		- 3 5 -	Jan	INVENTORY	<u> </u>
51/026	2/06	<u>-4</u> .	3/	track	INVENTORY/	<u>KH</u>
98,026	2200	JWV	31	Fichener	INVENTORY	
46107	<u>araa (</u>		31	1/	INVENTORY/	
981027	1400		31	1	INVENTORY	
281077	2100		<u>27</u>	BARRY_	INVENTORY/	£/A.
			27		(NVENTORY)	ENCHOLOGICA CONTRACTOR OF THE PROPERTY OF THE
					S INVENIORY	

Page 6 of 29 00118-SJM-SPB Document 37-9 -- Filed 12/29/2005 MEDICATION LOG DOSAGE DOCTOR'S NAME DATE ISSUED QTY VERIFIED BY INMATES INIT DATE TIME DOSE BALANCE ISSUED BY RECEIVED B 931102 INV ०३० छे SSG WESS INVENTORX 61102 Chac EMYENTORY? 98110Z 2100 INVENTORY/ Selles 2200 INVENTOR 0600 INVENTORY 981103 1401 (NVENTORY) ĴOD INVENTORY/ INVENTORY/

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IRMATE'S NAME	An	Hasty line		
DOCTOR'S NAME		PICATION		DOSAGE
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961123 14000			INVENTORY	
P81123 2100 -4			INVENTORY	
181123 2200			INVENTORY	
		<u> </u>	MYENTORY	
		JOHUSON	INVENTORY	
Contact	- 44.	Plile	INVENTORY/	
981124 2100 4	_ <u>48</u>	Pl:len	INVENTORY/	
981125 0100 INV	40	SSG WEBB	(INVENTORY)	
781125 0630 -	gon	Megil	INVENTORY	
181125 1413 INV	46			
78025 2400 4	36	6/2/	INVENTORY	
Miles and	27		INVENTORY/	
581126 2200			INVENTORY	
Real College	32	FLE TONER	INVENTORY	
	3 7	A A	NVENTORY	
981137 1400	32	11	INVENTORY	
181127 2114 -4	28		INVENTORY	
(81/2) 1200	(28)		INVENTORY	
Cal 28 0550 -	20		4.0	
912 - 1100	18	Ren 51111	INVENTORY	
		Brugens-Webb	INVENTORY	

Case 1:04-cv-00118-SJM-SPB Filed 12/29/2005 Page 9 of 29 Document 37-9 MEDICATION LOC AT BEDTIME · LANDAY. LUILTIS AMITIU PTYLING DOSAGE INMATES NAME **MEDICATION** QTY VERIFIED BY INMATES INIT DOCATORS NAME DATE ISSUED BY RECVD BY BALANCE DATE -TIME DOSE Ch INVENTORY/ 73 990127 0600 HOVENTORY/ 92N27 5400 73 INVENTORY/ 2100 69 INVENTORY/ 7750 ANVENTOR Y <u>990128</u> 1400 INVENTORY/~ 990128 2100 INVENTORY 990124 0300 MVENTORY 990129 Noce INVENTORY 990129 400 INVENTORY KA 2100 990129 INVENTORY 2200 990129 INVENTORY/ 990130 \$600) MOSES INVENTORY #90130 1400 K.H. INVENTORY 90130 990131 0110 996131 اكريص W13 1400 JNVENTORY/ 99013 2105 INVENTORY. 220Õ 990131 SSG Webb INVENTORY 4-8 990201 6638 ENVENTORY/ 48 7/0201 1400 INVENTORY A 701.2**0**1 QUVENTORY 790201 INVENTORY! 990202 Night of south INVENTORY 990202 INVENTORYD NORTH 990203 board INVENTORY/ 490203 INVENTORY/ MCCCO 796203 INVENTORY/ NER 19 203 Notice the dosage incremse to fix (5) INVENTORY 190203 NVENTORY SSG WEBB 990254 INVENTORY/ 990264 INVENTORY/2 990204 table to INVENTORY 9402.04 INVENIORY DAUS INVENTORY 790209 INVENTORY 90205 INVENTORY 40205

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K	AMAN KUCHB INMATES NAME	Document 37-9 MEDICATION I AMITOTULAL MEDICATION	iled 12/29/2005, Page 10 of 29 OT hearman DOSAGE
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MEDICATION LOG

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INMATES NAME MEDICAT

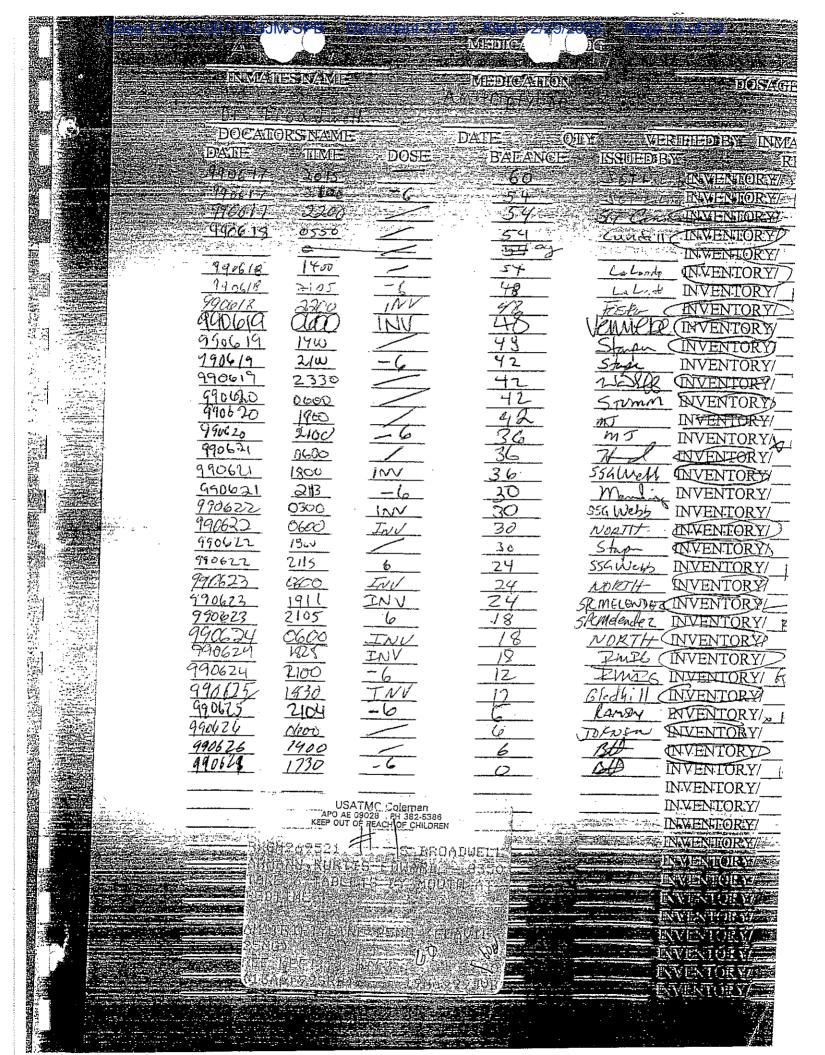
DOSAGE

	·		. 10	O
DOCATO	RS NAME		DATE QT	Y VERIFIED BY INMATES INIT
DATE	TIME	DOŞE	BALANCE	ISSUED BY RECVD BY
990408			15B	A INVENTORY/
990428	1400		150	May INVENTORY/
6,30,427	7200	1	180	KORGE INVENTORY
490429	0600		15B	Called (NVENTORS)
120429	0700			INVENTORY/
990920	1400		150	(A) ONVENTORY/
4016479	2200		73B	JUBIOL INVENTORYD
990430	2100	<u>ما</u>	94	INVENTORY/ KA.
990430			90	McC, U INVENTORY
990431	0600		94	STUMM CINVENTORYD
990561	1400		94_	My INVENTORY
999501	2100	-10	_88_	INVENTORY/ KA.
986562	0245		&g	SUL_EXTENTORY/
990500	1400		<u>88</u>	INVENTORY/
990502	2100	-6	82	DAU INVENTORY/ /L/1
990503	0125		82	INVENTORX/_
990503	0,00		12	JOSP (INVENTORY)
140507	(400		67	LaLorde (NVENTORY/_
990503	2100	6	\$ 76	May INVENTORY KA.
14000	Fre		76	MAC INVENTORY
99050H	<u>0603</u>		76	SZMA INVENTORY/
990504	1400		75	(A) INVENTORY/ 66
990507	2100	_ ص	<u>70</u>	
3990505	$\frac{\alpha \alpha \gamma}{\alpha \gamma}$		<u> 70</u>	Cidall (NVENTORY/) NVENTORY/
250505	0600		70	ANVENTORY)
990000	14m		170	Stan INVENTORY/ K.A.
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498505	2200			DIVENTORY
9905082	8633		-07	WENTORY)
	1400	-/- -	<u>le !</u>	(A) INVENTORY/ KA
990506	2100		\ \	ANVENTORY/
140507	0135 CECC		<u>-5.</u>	AINET/Y SAVENTORY/
<u>990507</u> 998507	1400		<u>- 170 </u>	
990507	2100	- (-	<u></u>	(4) INVENTORY/ KA
94.0807	220		<u> </u>	LAK-ZINVENTORY/
990509	0600		-50	A INVENTORY/
990508	1400		57-	CAUL INVENTORY
990508	2100	-6	41	INVENTORY/ KA-
990508			all	Shy INVENTORY
990503	<u> </u>		58 58 58 58 52 52 52 46	MVENTORY/_
990509	140 0		460	Day (INVENTORY)
9-9050 S		76	40	DAD INVENTORY KA-
400574	7200		40	10/1/1/ INVENTORY
970510	Clebto		40	
990510	1400		40	INVENTIORY/
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980519	220	<u> </u>		2/ ac	
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990523	6200	INV	<u>15@</u>	ssa Webb	
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990523	ZICU	6	144	SSOROMS	
990523	2230		144	272 804	INVENTORY
990524	0600	INV	144	NORTH	(INVENTORY)
990524	1400	LNV	144	SSG Web	
990526	2100	6	198	200 WO	
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10100	5 0000		100	Vermone	
2,70.525	135 3		_138	DAN	(INVENTORY)
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990.525	<i>2300</i>	_0_	122	KUER	INVENTORY/
99052li	0613	<i>I</i> /	13,2		INVENTORY
490526	2100	<u>-6</u>	1.31	\$ J. M.	INVENTORY/ // VA
940576	334)		126	111	CINVENTORY/
4905.27	Doll		12/	DYS	INVENTORY
990527	1340		120	- KC	
190527			120	DAUTS	INVENTORY
	3100	-6	120	SSG Webb	- // <u></u>
990527	2700		120	JOHN80N	(INVENTORY)
<u>990533</u>	0600		1,10	MIRS	INVENTORY/
990528	1400		120	Ranses	(NVENTORY)
990528	1100	-6	114	RAMSY	INVENTORY/ K.A.
990528	2200		714	JOHNSON	
990578	Clott		1/4) =	INVENTORY)
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				Mayes	ANVENTORY/
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990579	2232		108	Shatr	HAVENTORY/
990530	DENO		108	06	INVENTORY
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	er en		MEDICATION L	OG		<u> </u>
ARMAN	U, R		AMITRIOTYL	ING		ABS BY MOUTH
	ES NAME		MEDICATION		D	OSAGE
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DR. BR	ADUFU		990519 OF 0	<u></u>	SGT DAVIS	
	RS NAME	-	DATE QT		ERIFIED BY	INMATES INIT
DATE	TIME	DOSE	BALANCE	ISSUED	BY	RECVD BY
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990607	<u> 9515 </u>		3BH5		INVENT	
22tlas	1404		28.02	<u> </u>	MVENT	
9.20rg	The		3 13213	LAM	NVENT	
99060K	Db00		3 BH3	10		
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990608	2200		3 Brus	JOHNSON		
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105un 99	0000		3 B+C		14 INVENT	
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990612	0600		3 8725	66	INVENT	ORY)
990612	1357		3822	1241	INVENT	ORÝY
940612	2700		3B+45	mos	THEN CO	DRYD
	0600		35875	STIN	N ANVENT	ORY/
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ENIMATES NAME	MEDICATION
DOCATORS NAME DATE DATE	DATE SOURCE VERIFIED BY INM
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$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	INV 2 said bottles 31M elender INVENTORY)
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940630 1400 I	CHY ISB SPC NOK (NVENTORY)
20620 2155	ISB DAY INVENTORY
90701 0000 -	13R 122 INVENTORY
990701 1400 <u>— 990701 1200</u>	ISB GG INVENTORY/
990702 0000	ISB RAMBY INVENTORY)
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Case 1:04-cv-00118-SJM-SPB Document 37-9 Filed 12/29/2005 Page 18 of 29 MEDICATION LOG rmann AMITRIPHILLUL ake as INMATES NAME **MEDICATION** Broadwell DOCATORS NAME DATE VERIFIED BY INMATES INIT DATE TIME DOSE BALANCE ISSUED BY RECVD BY 990627 Gledhill INVENTORY 1720 TNV 990677 1720 54 INVENTORY/ 2140 J 4 **INVENTORY** 重ルル 400627 990628 0556 54 INVENTORY NV 1355 990628 54 INVENTORY - 6 2059 ė F 990628 48 INVENTORY/ KA 0130 990628 IN WERR INVENTORY/ 48 990629 48 INVENTORYD 0440 INU 1355 990629 INVENTORY 48 ノルシ 1719 990629 INVENTORY/ MA 2145 VIVI 990629 (INVENTORY) INU TAVENTOR'S 990630 0600 990630 00V1 42 ANVENTORY) 99063 36 2048 INVENTORY/ 9901650 36 INVENTORY 2155 40701 36 (INVENTORY) 10 E410 INVENTORY 990701 1400 36 INVENTORY/ × 9907-01 2120 30 990701 (INVENTORY) 2200 30 990702 Olesto JOHNIA 30 990702 (30 INVENTORY 1400 76 2105 ENVENTORY/ KM 990707 2145 INVENTORY 990702 20 990702 3600 24 SSURER ANVENTORYD 990703 1400 24 **M**VENTORY/ 990703 2100 INVENTORY/ 18 TOVENIORY 990703 2000 0600 8 CINVENTORYP 990704 990704 1400 490704 2100 190704 2201 990705 NA 0756 991205 1400 MYENTORY/ 990105 2050 10 INVENTORY/ 990206 NVENTORY 0130 INV WEBR IMVENTORY 190706 6600 90700 1700 INVENTORY INVÈNTORY/ 750754 Z110 INVENTORY/ INVENTORY/ INVENTORY/ INVENTORY/ INVENTORY/ INVENTORY/

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Appendix H

Antipsychotics Profile of the Substance

checked every 1 to 2 months or as advised by physician.

Case 1:04-cy-00118-S.IM

Examples of Commonly Used Antipsychotic Agents (by Chemical Group) and the Daily Adult Dosage Range

Chemical Group	Generic (Trade) Name	Daily Dosage Range
Phenothiazines	acetophenazine (Tindal)	60-120 mg
	chlorpromazine (Thorazîne)	30-800 mg
	flupheлazine (Prolixin)	I-40 mg
	mesoridazine (Serentil)	30-400 mg
	perphenazine (Trilaton) L prochilotipetazine	12-64 mg

omazina (Sparico) 40 1000 p

mador effect on the brain chemically

ANTIPSYCHOTICS

Indications

Antipsychotic drugs are also called major tranquilizers and neurotepines. They are jused in the treatment of acote and enrome psychoses; particularly when accompanied by increased psychomotopactivity. Selected agents are used as antientelics (chlorpromagnic perphenazion, prochioperazine), in the treatment of intraetable hiccoughs (chlorpromazine, perphenazine), and for the control of these and you at other control of the sand you at other and control of the sand you at the sand you.

Action

The exact mechanism of action is not known these drugs are believed to work by blocking post synaptic dopamine receptors in the basal gaughia, hypothalamus, limbic system, brainstem, and medulal Autipsychofic effects may also be related to limbition of dopamine mediated transmission of neural impulses at the synapses.

Contraindications/Precautions

These drugs are contraindicated in patients with lypersensitivity (cross sensitivity may exist mong phenothiazines). They should not be used then CNS deptession is evidently when blood dystrasias exist, in patients with Parkinson's disease, or those with liver, renal, or cardiac insufficiency. Caution should be taken in administering these uses to patients who are elderly, severely ill, or debilitated and to diabetic patients or patients with spiratory insufficiency, prostatic hypertrophy, intestinal obstruction. Antipsychotics may ower seizure threshold. Individuals should avoid Posure to extremes in temperature while taking ipsychotic medication. Safety in pregnancy and tation has not been established.

System was depressed sterbeyond a reasonable doubt a because I was ice, on CNS depressants sud as Elavil, Firand, First oral and Seconal, to want THERAPEUTIC API

1 PSYCHIATRIC CARE

- * Advise patient not to drive a car until vision clears.
- * Clear small items from pathway to prevent falls.

c. Constipation

* Order foods high in fiber; encourage increase in physical activity and fluid intake if not contraindicated.

d. Urinary retention

* Instruct patient to report any difficulty urinating; monitor intake and output.

2. Nausea; gastrointestinal (GI) upset

- * Tablets or capsules may be administered with food to minimize GI upset.
- * Concentrate forms may be diluted and administered with fruit juice or other liquid; they should be mixed immediately prior to administration.

3. Skin rash

- * Report appearance of any rash on skin to
- * Avoid spilling any of the liquid concentrate on skin; contact dermatitis can occur.

Discuss with physician possibility of adminisite anteaciótéca jubero pinte:

Biscuss with physician possible decrease in cosage or order for less secuting drug, instruct pahent nor to daye or use dangerous guipment while experiencing sedation.

5. Orthostatic hypotension

* Instruct patient to rise slowly from a lying or sitting position; monitor blood pressure (lying and standing) each shift; document and report significant changes.

6. Photosensitivity

* Ensure that patient wears protective sunscreens, clothing, and sunglasses while spending time outdoors.

7. Hormonal effects

- a. Decreased libido; retrograde ejaculation; gynecomastia (men)
 - Provide explanation of the effects and reassurance of reversibility; may discuss with physician possibility of ordering alternate medication.

b. Amenorrhea (women)

Offer reassurance of reversibility; instruct patient to continue use of contraception. as amenorrhea does not indicate cessation of ovulation.

c. Weight gain

* Weigh patient every other day; order calorie-controlled diet; provide opportunity for physical exercise; provide diet/exercise instruction.

8. Reduction of seizure threshold

- * Closely observe patients with history of seizures.
- * NOTE: This is particularly important with patients taking clozapine (Clozaril). Reportedly, seizures affect 1% to 5% of individuals who take this drug, depending on the dosage (Pokalo, 1991).

9. Agranulocytosis

* Relatively rare with most of the antipsychotic drugs. Usually occurs within the first 3 months of treatment. Observe for symptoms

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حدد الدسان بالمدار المس ditional required technology of weekly blood tests has made this drug cost prohibitive for many people.

Extrapyramidal symptoms

* Observe for symptoms and report; administer antiparkinsonian drugs, as ordered.

- a. Pseudoparkínsonism (tremor, shuffling gait, drooling, rigidity)
 - * Symptoms may appear 1 to 5 days following initiation of antipsychotic medication; occurs most often in women, the elderly, and dehydrated patients.
- b. Akinesia (muscular weakness)
 - * Same as above.
- c. Akathisia (continuous restlessness and fidgeting)
 - * Occurs most frequently in women; symptoms may occur 50 to 60 days following initiation of therapy.
- d. Dystonia (involuntary muscular movements [spasms] of face, arms, legs, and neck)
 - * Occurs most often in men and patients younger than 25 years of age.

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- * All p
- * Symptoms are potentially inteversible.
- * Drug should be withdrawn at first sign, which is usually vermiform movements of the tongue; prompt action may prevent irreversibility.

2. Neuroleptic malignant syndrome

- * A rare, but potentially fatal, complication of treatment with neuroleptic drugs. Routine assessments should include temperature and observation for parkinsonian symptoms.
- Onset can occur within hours or even years after drug initiation, and progression is rapid during the following 24 to 72 hours.

- * Symptoms include severe parkinsonian muscle rigidity, hyperpyrexia up to 107°F, tachycardia, tachypnea, fluctuations in blood pressure, diaphoresis, and rapid deterioration of mental status to stupor and coma.
- * Discontinue neuroleptic medication immediately.
- * Monitor vital signs, degree of muscle rigidity, intake and output, and level of consciousness.
- * Physician may order bromocriptine (Parlodel) or dantrolene (Dantrium) to counteract the effects of neuroleptic malignant syndrome.

Patient/Family Education

Patient should:

Use caution when driving or operating dangerous machinery. Drowsiness and dizziness can

Not stop taking the drug abruptly after longterm use. To do so might produce withdrawal symptoms, such as nausea, vomiting gastritis headache tachycardia, insomnia, and tremulousness. ** Thorson Could be 105 fast

Use sunscreens and wear protective clothing has start when spending time outdoors. Skin is more susceptible to sunburn. Can happen in as little as 30 minutes.

Report weekly (if on clozapine therapy) to have blood levels drawn and to obtain weekly supply of the drug.

Report occurrence of any of the following symptoms to physician immediately: sore throat, fever, malaise, unusual bleeding, easy bruising, persistent nausea/vomiting, severe headache, rapid heart rate, difficulty urinating, muscle twitching, tremors, darkly colored urine, pale stools, yellow skin or eyes, muscular incoordination, skin rash, or seizures.

- * Rise slowly from a sitting or lying position to prevent a sudden drop in blood pressure.
- * Take frequent sips of water, chew sugarless gum, or suck on hard candy if dry mouth is a problem. Good oral care (frequent brushing, flossing) is very important.
- * Consult physician regarding smoking while on neuroleptic therapy. Smoking increases me-

tabolism of neuroleptics, requiring adjustment in dosage to achieve therapeutic effect.

- * Dress warmly in cold weather and avoid extended exposure to very high or low temperatures. Body temperature is harder to maintain with this medication.
- * Not drink alcohol while on neuroleptic therapy. These drugs potentiate each other's effects.
- * Not consume other medications, including over-the-counter medications, without physician's approval. Many medications contain substances that interact with neuroleptics in a way that may be harmful.
- * Be aware of possible risks of taking neuroleptics during pregnancy. Safe use during pregnancy and lactation has not been established. Neuroleptics are believed to readily cross the placental barrier; if so, a fetus could experience adverse effects of the drug. Inform physician immediately if pregnancy occurs, is suspected, or is planned.
- * Be aware of side effects of neuroleptic drugs. Refer to written materials furnished by healthcare providers for safe self-administration.
- * Continue to take medication, even if feeling well and as though it is not needed. Symptoms may return if medication is discontinued.
- * Carry card or other identification at all times describing medications being taken.

ANTIPARXINSONIAN AGENTS

Indications

These drugs are used in the treatment of parkinsonism of various causes, including degenerative, toxic, infective, neoplastic, or drug induced.

Action

Drugs used in the treatment of the parkinsonian syndrome and other dyskinesias are aimed at restoring the natural balance of two major neurotransmitters in the CNS: acetylcholine and dopamine. The imbalance is a deficiency in dopamine that results in excessive cholinergic activity. Drugs used are either anticholinergics (e.g., benztropine.

trihexyphenidyl), antihistamine (e.g., diphenhydramine), or dopaminergic agonists (e.g., amantadine, bromocriptine, levodopa).

Contraindications/Precautions

Antiparkinsonian agents are contraindicated in individuals with hypersensitivity. Anticholinergics should be avoided by individuals with angle-closure glaucoma; pyloric, duodenal, or bladder neck obstructions; prostatic hypertrophy; or myasthenia gravis.

Caution should be taken in administering these drugs to patients with hepatic, renal, or cardiac insufficiency; elderly and debilitated patients; those with a tendency toward urinary retention; or those exposed to high environmental temperatures.

Examples of Commonly Used Antiparkinsonian Agents (by Chemical Group) and the Daily Adult Dosage Range

Chemical Class	Generic (Trade Name) Daily Dosage Range
Anticholinergics	benztropine (Cogentin)	0.5-6 mg
	biperiden (Akineton)	2-8 mg
	ethopropazine (Parsidol)	50-600 mg
-	orphenadrine (Disipal)	150-250 mg
	procyclidine (Kemadrin)	6-20 mg
	trihexyphenidyi (Artane)	1-15 mg
Antihistamines , -	diphenhydramine (Benadryl)	10-400 mg
Dopaminergic agonists	amantadine (Symmetrel)	100-300 mg
	bromocriptine (Parlodel)	, 2.5-100 mg
	carbidopa/ levodopa (Sinemet)	10/100-200/2000 mg
	levodopa (Dopar, Larodopa)	500-8000 mg

Antipsychotics the Appellant was Prescribed

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getting out of bed or one 10-milligram capsule every 12 hours; Rectal suppository—25 milligrams taken 2 times per day. For nonpsychotic anxiety—Tablets 5 milligrams taken 3 or 4 times per day; Spansula capsules—one 15-milligram capsule on getting up one 10-milligram capsule every 12 hours. Treatment is up to 12 weeks, not exceeding 20 milligrams per day. For mild psychotic disorders—5 or 10 milligrams taken 3 or 4 times daily. For moderate to severe per chotic disorders—10 milligrams taken 3 or 4 times per day; doctor may increase up to 50 to 70 milligrams per day. For more severe psychotic disorders—10 to 150 milligrams per day. Seniors—prescriber lower doses.

Usual child dose: for severe nausea and vomiting—one day of oral or rectal dose, as follows: children 20 in 29 pounds—2.5 milligrams 1 or 2 times per day not to exceed 7.5 milligrams. Children 30 to 39 pounds—2.5 milligrams 2 or 3 times per day, not to exceed 10 milligrams. Children 40 to 85 pounds—2.5 milligrams 3 times per day or 5 milligrams 2 times per day. Total daily amount not to exceed 15 milligrams. For psychotic disorders—children 2 to 5 years—oral circectal, 2.5 milligrams 2 or 3 times per day, not mexceed 10 milligrams on 1st day, and 20 milligrams thereafter. Children 6 to 12 years—oral or rectal, 2.5 milligrams 2 or 3 times per day, not to exceed 10 milligrams on the 1st day and 25 milligrams thereafter.



Missed dose: take as soon as possible, unless almost time for the next dose. In that case, do not till missed dose; go back to regular schedule. Do not double doses.

Side Effects

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Overdose symptoms: agitation, coma, comulsons dry mouth, extreme sleepiness; fever intesting blockage, irregular heart rate, recilessness of suspect an overdose, immediately seek medical attention.

Side effects: abnormal muscle rigidity; abnormal secretion of milk; abnormal sugar in urine; abnormalities of posture and movement; agitation; anemia; appetite changes; asthma; blurred vision; breast development in males; chewing movements; constipation; convulsions; difficulty swallowing; discolored skin tone; dizziness; drooling; drowsiness; dry mouth; ejaculation difficulties; exaggerated reflexes; fever; fluid retention; head arched backward; headache; heart attack; heels bent back on legs; high or low blood sugar; hives; impotence; inability to urinate; increase in psychotic symptoms; increase in weight;

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Inform your doctor before combining Compazine with: anticonvulsants such as Dilantin and Tegretol; anticoagulants such as Coumadin; Guanethidine (Ismelin); narcotic painkillers such as Demerol and Tylenol with Codeine; other central nervous system depressants such as Xanax, Valium, Seconal, and Halcion; Propranolol (Inderal); Thiazide diuretics such as Demerol e.

